Express Mail Label No. (if applicable)		

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/574,645	
Confirmation No.	9318	
Filing Date	August 10, 2006	
First Named Inventor	Salomon et al.	
Group Art Unit	1634	
Examiner Name	Steven C. Pohnert	
Attorney Docket No.	251206	
Client Reference No.	E-075-2003/0-US-03	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	Sı	ıbmi	ssion requir			114					
	a.	a. Previously submitted									
		i.						: 1.116 previou	usly filed	on	
		12	(Any unen	itered ame	endment(s) refe	rred to above	will be ente	red.) ==!:: Priof pro:	doubly file	ad an	
		ii.		r the ar	guments in tr	ne Appeal i	Briet or K	eply Brief prev	viousiy ini	90 011	
	r.	iii.	Other:								
•	b.		Enclosed		1		1	KZ Form DT	0 1440		
l		i.						Form PT		see listed in Ear	PTO 1440
		ii.		(S)/Deci	aration(s)		v.			ces listed in For s and applications)	
		jii.	Informat	ion Disc	losure State	ment (IDS)) vi.	Other:	-		
2.	Mi	scel	aneous								
	a.									37 CFR 1.103(c) for a period
								onths; fee under 3	37 CFR 1.17	7(i) required.)	
	b.		Applicant cla	ims sma	all entity state	us. See 37	7 CFR 1.2	!7			
	C.		Other:								
3.	Fe	es -	The RCE fee	under 3	7 CFR 1.17(e) is requir	ed by 37	CFR 1.114 wl	hen the R	CE is filed.	
	a.	\square	Please charg	re Depo	sit Account Ì	No. 12-121	6 in the to	otal amount in	dicated b	elow.	
	•	ى i،	RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) \$810.00								
		ii.						(37 CFR 1,136 ar			\$1,110.00
		iii.	An exter							erefor of	
	iii. An extension for has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now										
			requeste		04 (1.2 1 1	J					
		iv.			xtension of ti	me (includi	ing the pe	eriod noted ab	ove, if ch	ecked), as	
			well as fo	or anv a	dditional per	iod necess	ary to rer	nder the prese	nt submis	ssion timely.	
								the appropriat			
		v.			ction fee of \$						\$ 0.00
		vi.	Other:			•		• • •			
·		vii.	Claim fe	e							
			CLAIMS		HIGHEST						
			REMAINING		Number	EXTRA		ADD'L		App't.	
~			AFTER		PREVIOUSLY	CLAIMS	DATE	CLAIM FEE	RATE	CLAIM FEE	
CLA		EE	AMENDMENT	- du	PAID FOR	PRESENT	RATE x 26 =	FEE	x 52 =	1 55	
Тот			19	MINUS	21	= 0			 		
INDE	PEN	(DEN)		Minus	3	= 0	x 110 =		x 220 = + 390 =		
		<u> </u>	IRST PRESENT	'ATION OI	F MULTIPLE CL		+ 195 =			# A	64 020 00
										oosit Account	\$1,920.00
	þ.								in the ac	ove fees or to	
			credit any ov	erpaymi	ents to Depo	sit Accoun	t No. 12-1	1216.			

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/T	(VPO) Jeremy M. Jay	Registration No. (Attorney/Agent)	33,587			
Signature	Germi M. Ja	Date	March 4, 2009			
Address	Leydig, Voit & Mayer Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)			